	NO INE	\
BILL	MAR 1 1 2005	\$5112 ac
1	A Tomasis	Ç.

Approved for use through 07/31/2006. OMB 0651-0031 U. S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE SUBSTITUTE for PTO/SB/30 (09-04), REQUEST FOR CONTINUED EXAMINATION (RCE) TRANSMITTAL

REQUEST **FOR CONTINUED EXAMINATION (RCE) TRANSMITTAL**

Address to: Address to: Mail Stop RCE Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

<u> </u>	
Application Number	09/835,699
Filing Date	April 16, 2001
First Named Inventor	Marcy E. Armstrong
Group Art Unit	1631
Examiner Name	James Martinell
Attorney Docket Number	19258CC

PTO/SB/30 (09

This is a Request for Continued Examination (RCE) under 37 C.F.R. § 1.114 of the above-identified application. Request for Continued Examination (RCE) practice under 37 C.F.R. § 1.114 does not apply to any utility or plant application filed prior to June 8, 1995, or to any design application.

amendments enc	uired under 37 C.F.R. § 1.114 Note: If to losed with the RCE will be entered in the order any previously filed unentered amendmentered amendme	er in which they were filed u	viously filed unentered amendments and unless applicant instructs otherwise. If applicant ust request non-entry of such amendment(s).
	submitted. If a final Office action is out das a submission even if this box is not		ents filed after the final Office action may be
i. 🗌 Consi	der the arguments in the Appeal Brief or	Reply Brief previously f	iled on
ii. 🗌 Other			
b. X Enclosed			
i. 🔀 Amer	ndment/Reply		
ii. 🗌 Affida	avit(s)/Declaration(s)		
iii. 🗌 Inforr	mation Disclosure Statement (IDS)		
iv. 🔀 Retui	rn Receipt Postcard (itemized)		
v. 🗌 Other			
2. Miscellaneous			
, — .	on of action on the above-identified appli months. (Period of suspension shall not exce	•	- ''
b. X Other Cla	ims as Amended (20 claims, \$200.00 fe	e)	
3. Fees The RC	E fee under 37 CFR 1.17(e) is required	by 37 CFR1.114 when t	he RCE is filed.
	tor is hereby authorized to charge the fo	•	
No. <u>13-27</u>			
i. 🔀 RCE	fee required under 37 C.F.R. § 1.17(e)		
ii. 🗌 Exter	nsion of time fee (37 C.F.R. § § 1.136 ar	nd 1.17)	
iii. 🗔 Other			
	SIGNATURE OF ARRUCANT	ATTORNEY OR AGEN	IT REQUIRED
	SIGNATURE OF APPLICANT,		
Name (Print/Type)	Laura M. Ginkel	Registration No.	51,737
Name (Print/Type) Signature		Registration No.	
Signature	Laura M. Ginkel Jama M. Hinhel	Registration No.	51,737
Signature	Laura M. Ginkel Jama M. Hinhel	Registration No.	51,737
Signature NOTE: SEND TO MA	Laura M. Ginkel Jama M. Huhl IL STOP RCE CERTIFICATE OF MAILING O	Registration No. Date R FACSIMILE TRANSA	51,737 5/9/2005 MISSION
Signature NOTE: SEND TO MA I hereby certify that the addressed to: Comm	Laura M. Ginkel Jama M. Huhl IL STOP RCE CERTIFICATE OF MAILING O	Registration No. Date R FACSIMILE TRANSA	51,737 6/9/2005 MISSION sufficient postage as first class mail in an envelope



PATENT

CASE NO. 19258CC

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Commissioner for Patents	
P.O. Box 1450	
Alexandria, VA 22313-1450	

In re application of: MARCY E. ARMSTRONG, ETAL.	
Serial No. <u>09/835,699</u>	
Filed April 16, 2001	
Group Art Unit 1631	
Examiner James Martinell	
For: POLYNLICI FOTIDE HERPES VIRUS VACCINE	

Transmitted herewith	is an amendment i	n the above-	-identified	application.

- No additional fee is required.
- The fee has been calculated as shown below.

CLAIMS AS AMENDED

(1)	(2)	(3)	(4)	(5)	(6)	(7)
	Claims remaining after amendment		Highest Number Previously Paid For	. Present Extra	Rate	Additional Fee
Total Claims	*20	-	** =	0 X	\$50	=0.00
Independent Claims	*5	-	*** =	1X	\$200	=200.00
Multiple Dependent Claims					\$360 ****	=
			TOTAL ADDITIONAL FEE FOR THIS AMENDMENT			200.00

- * If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.
- ** If the "Highest Number Previously Paid For" in this space is less than 20, write "20" in this space.

 *** If the "Highest Number Previously Paid For" in this space is less than 3, write "3" in this space.
- **** Add this fee only if application is amended to include multiple dependent claims (regardless of number) and no multiple dependent claims were originally filed.

Charge \$ 200.00 ___ to Deposit Account No. 13-2755. Please charge any additional fees or credit overpayment to Deposit Account No. 13-2755. A duplicate copy of this sheet is enclosed.

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450, on the date appearing below.

Respectfully	,
^	

By: Laura M. Ginkel

Attorney ____ for Applicant(s)

Reg. No. 51,737

MERCK & CO., INC.

Patent Dept., RY60-30

P.O. Box 2000

Rahway, N.J. 07065-0907

(732) 594-<u>1932</u>

Date: March 9, 2005

IN DUPLICATE